

ORDERING REPORT FORMS AND FOLLOW-UP FORMS

DPH 4151– Acute & Communicable Disease Case Report form

CDC 53.1– Viral Hepatitis Case Report form

Contact the Wisconsin Division of Public Health Bureau of Communicable Diseases, (608) 267-7321.

For information on the **EPINET manual**, a comprehensive resource document that clarifies reporting criteria and responsibility for disease reporting, contact the Wisconsin Communicable Disease Epidemiology Section (608) 267-7321 or visit the Health Alert Network (HAN) at: <https://www.han.wisc.edu>

FOODBORNE AND WATERBORNE DISEASE OUTBREAKS

Foodborne and waterborne disease outbreaks are of urgent public health importance and immediate reporting of these diseases or outbreaks by physicians, laboratory directors and other public and private health care providers to local health departments is mandated by Wisconsin law (Statute Chapter 252 COMMUNICABLE DISEASES).

REPORT COMMUNICABLE DISEASES TO SURVNET BY:

Mail: SurvNet
841 North Broadway, 3rd Floor
Milwaukee, WI 53202

Phone: (414) 286-3624

Fax: (414) 286-0280

Email: SurvNet@milwaukee.gov

For consultation contact the City of Milwaukee Health Department Communicable Disease Unit:

- SurvNet Office Assistant
- Public Health Nursing Communicable Disease Coordinators
- Communicable and Infectious Disease Program Supervisor
- Epidemiologist

at: (414) 286-3624
after hours: (414) 286-2150



Tom Barrett, Mayor
Bevan K. Baker, Commissioner of Health
www.milwaukee.gov/health

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Health Graphics Services R 3/06

Funded by a grant from CDC (U90/ccu514391-03)

SurvNet

414-286-3624

MILWAUKEE COUNTY COMMUNICABLE DISEASE SURVEILLANCE NETWORK

facilitated through the
City of Milwaukee Health Department

Serving:	Bayside	Oak Creek
	Brown Deer	River Hills
	Cudahy	St. Francis
	Fox Point	Shorewood
	Franklin	South Milwaukee
	Glendale	Wauwatosa
	Greendale	West Allis
	Greenfield	West Milwaukee
	Hales Corners	Whitefish Bay
	Milwaukee	

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eporting of communicable diseases is required by Wisconsin State Statute Chapter 252 (and Wisconsin Administrative Code HFS 145.)

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Persons required to report include any person licensed under Chapters 441, 448, (State Statutes), or any other person having knowledge that a person has a communicable disease.

SurvNet, located within the City of Milwaukee Health Department, is a “ONE CALL” site to facilitate reporting of communicable diseases within Milwaukee County (exclusive of HIV/AIDS).

Reports to **SurvNet** can be phoned, faxed and/or mailed. After a report is received by **SurvNet**, the local public health agency serving the area in which the incident occurred is notified for follow-up and completion of the epidemiological investigation. Completed epidemiological reports are returned to **SurvNet** for entry into the state network.

SurvNet, maintains county-wide communicable disease databases, produces surveillance data, identifies trends, and addresses shared concerns within the county.

REPORTABLE COMMUNICABLE DISEASES	
Category I: The following diseases are of urgent public health importance and shall be reported IMMEDIATELY to the patient's local health officer upon identification of a case or a suspected case. In addition to the immediate report, complete and mail an Acute and Communicable Diseases Case Report (DPH 4151) to the address on the form within 24 hours. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).	
Anthrax ^{1,4,5}	Measles ^{1,2,3,4,5}
Botulism ^{1,4}	Meningococcal disease ^{1,2,3,4,5}
Botulism, infant ^{1,2,4}	Pertussis (whooping cough) ^{1,2,3,4,5}
Cholera ^{1,3,4}	Plague ^{1,4,5}
Diphtheria ^{1,3,4,5}	Poliomyelitis ^{1,4,5}
Foodborne or waterborne outbreaks ^{1,2,3,4}	Rabies (human) ^{1,4,5}
Haemophilus influenzae invasive disease, (including epiglottitis) ^{1,2,3,5}	Ricin toxin ^{4,5}
Hantavirus infection ^{1,2,4,5}	Rubella ^{1,2,4,5}
Hepatitis A ^{1,2,3,4,5}	Rubella (congenital syndrome) ^{1,2,5}
Hepatitis E ^{3,4}	Smallpox ^{4,5}
	Tuberculosis ^{1,2,3,4,5}
	Yellow Fever ^{1,4}
Category II: The following diseases shall be reported to the local health officer on an Acute & Communicable Disease Case Report (DPH 4151) or by other means within 72 hours of the identification of a case or suspected case. See s. HFS 145.04 (3) (b).	
Amebiasis ^{3,4}	Giardiasis ^{3,4}
Arboviral infection (encephalitis/meningitis) ^{1,2,4}	Hemolytic uremic syndrome ^{1,2,4}
Babesiosis ^{4,5}	Hepatitis B ^{1,2,3,4,5}
Blastomycosis ⁵	Hepatitis C ^{1,2}
Brucellosis ^{1,4}	Hepatitis non-A, non-B, (acute) ^{1,2}
Campylobacteriosis (campylobacter infection) ^{3,4}	Hepatitis D ^{2,3,4,5}
Cat Scratch Disease (infection caused by Bartonella species) ⁵	Histoplasmosis ⁵
Cryptosporidiosis ^{1,2,3,4}	Kawasaki disease ²
Cyclosporiasis ^{1,4,5}	Legionellosis ^{1,2,4}
Ehrlichiosis ^{1,5}	Leprosy (Hansen's disease) ^{1,2,3,4,5}
Encephalitis, viral (other than arboviral)	Leptospirosis ⁴
E. coli O157:H7, and other enterohemorrhagic E. coli, enteropathogenic E. coli, enteroinvasive E. coli, enterotoxigenic E. coli. ^{1,2,3,4}	Listeriosis ^{2,4}
	Lyme disease ^{1,2}
	Malaria ^{1,2,4}
	Meningitis, bacterial (other than Haemophilus influenzae or meningococcal) ²
	Meningitis, viral (other than arboviral)
continued next column	

Mumps ^{1,2,4,5}	Streptococcus pneumoniae invasive disease (invasive pneumococcal) ¹
Mycobacterial disease (nontuberculous)	Tetanus ^{1,2,5}
Psittacosis ^{1,2,4}	Toxic shock syndrome ^{1,2}
Q Fever ^{4,5}	Toxic substance related diseases: Infant methemoglobinemia
Reye syndrome ²	Lead intoxication (specify Pb levels)
Rheumatic fever (newly diagnosed and meeting the Jones criteria) ⁵	Other metal and pesticide poisonings
Rocky Mountain spotted fever ^{1,2,4,5}	Toxoplasmosis
Salmonellosis ^{1,3,4}	Trichinosis ^{1,2,4}
Sexually transmitted diseases:	Tularemia ⁴
Chancroid ^{1,2}	Typhoid fever ^{1,2,3,4}
Chlamydia trachomatis infection ^{2,4,5}	Typhus fever ⁴
Genital herpes infection (first episode identified by health care provider) ²	Varicella (chicken pox) – report by number of cases only
Gonorrhea ^{1,2,4,5}	Yersiniosis ^{3,4}
Pelvic inflammatory disease ²	Suspected outbreaks of other acute or occupationally-related diseases
Syphilis ^{1,2,4,5}	
Shigellosis ^{1,3,4}	
Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)	

Category III:
The following diseases shall be reported to the state epidemiologist on an AIDS Case Report (DPH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DPH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15(7)(b), Stats., and s. HFS 145.04 (3) (b).

Acquired Immunodeficiency Syndrome (AIDS) ^{1,2,4}
Human immunodeficiency virus (HIV) infection ^{2,4}
CD4+ T–lymphocyte count<200/μL, or CD4+ T–lymphocyte percentage of total lymphocytes of <14 ²

- KEY:
- 1

Infectious diseases designated as notifiable at the national level.
- 2

Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the Epinet manual.
- 3

High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.
- 4

Source investigation by local health department is needed.
- 5

Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.